

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. Gen. Hosp. No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 (Specify whether
 In this community 55 Years
 years, months or days)

3. (a) PRINT
FULL NAMEThomas Z. Christal 6238. (b) If veteran,
name warNone8. (c) Social Security
No. None4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Wid.6. (b) Name of husband or wife Mrs. Dora Christal6. (c) Age of husband or wife if
alive -- years7. Birth date of deceased June 10 1871
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

6867

hr.

min.

9. Birthplace Moberly

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation Lineman and Mechanic11. Industry or business K.C. Power & Light Co.12. Name Thomas I. Christal13. Birthplace Unknown

(State or foreign country)

14. Maiden name Sarah F Jones15. Birthplace Tennessee

(State or foreign country)

16. (a) Informant's own signature [Signature](b) Address 2925 7th Eara17. (a) Burial (b) Date thereof Dec. 20, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Quindaro Cem. K.C. Kas.18. (a) Signature of funeral director [Signature](b) Address 1401 Brush Creek Blvd. K.C. Mo.19. (a) Dec. 19, 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2541 Prospect Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th
 year 1939 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from
12-8- 1939 to 12-17- 1939;
 that I last saw him alive on 12-17- 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Multiple lung abscesses and bronchi-
ectasis. Non tuberculous

Due to [Signature]Due to [Signature]Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations See aboveOf autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 1 (Specify type of place)
 (a) Means of injury _____

23. Signature [Signature] (M. D. or other)
Supt. K.C. Gen. Hospital 12-18-39
 Address _____ Date signed _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged stati-
stically

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

George M. Collier

Licensed Embalmer No. *3839*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.